

2004 Clean Watersheds Needs Survey

State Water Resources Control Board - Division of Financial Assistance

Wastewater Treatment and Recycling Facilities

Authority Name: _____
 Authority Address: _____ RWQCB Region: _____
 City: _____ State: _____ Zip: _____ - _____ County: _____
 Contact Person: _____ Title: _____
 Phone: _____ Fax: _____ E-mail: _____

Facility Name: _____ Interim Facility
 Facility Location Address (if different): _____
 Latitude: _____ ° ' " Longitude: _____ ° ' " Datum: _____ Description: _____
 Outfall Latitude: _____ ° ' " Longitude: _____ ° ' " Datum: _____
 Congressional District #: _____ Watershed Name: _____ Watershed Number: _____
 NPDES Permit # (if applicable): _____ NPDES Type: _____ WDR Order # (if applicable): _____

Discharge Method: Please use the categories and space provided to best explain your discharge method(s) – including apportioned flows (as a percentage), seasonal discharges (month X to month Y), recycled water, names of other facilities discharging to, etc.

- Deep Well _____
 - Discharge To Another Facility _____
 - Discharge To Ground Water _____
 - Evaporation _____
 - Ocean Discharge _____
 - Outfall To Surface Waters _____
 - Overland Flow With Discharge _____
 - Overland Flow, No Discharge _____
 - Reuse: Groundwater Recharge _____
 - Reuse: Indirect Potable _____
 - Reuse: Industrial _____
 - Reuse: Irrigation _____
 - Reuse: Other Non-Potable _____
 - Reuse: Potable _____
 - Spray Irrigation _____
 - Other _____
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Resident Population:	Present	Future	Year of Future Projection
- Receiving Collection	_____	_____	_____
- Individual Sewage Disposal System (ISDS)	_____	_____	_____
- <i>Not</i> Receiving Collection and <i>no</i> ISDS	_____	_____	_____
Non-Resident Population (Commuting or Tourist Population):			
- Receiving Collection	_____	_____	_____
- Individual Sewage Disposal System (ISDS)	_____	_____	_____
- <i>Not</i> Receiving Collection and <i>no</i> ISDS	_____	_____	_____

